



King County

Department of Judicial Administration

Barbara Miner

Director and Superior Court Clerk

(206) 296-9300 (206) 296-0100 TTY/TDD

Clerk Fee Waiver Request Form

For Waiver of Ex Parte Presentation, Expedited Handling and ECR Online Fees

REQUESTOR'S NAME: _____

KING COUNTY CAUSE (if applicable) #: _____

STANDARD CONDITIONS: In order to be granted a fee waiver by the clerk, an individual must attest that payment of the fee(s) to be waived would cause a financial hardship (DJA policy # FIN-8-2-CA73). You must :

1. Submit a copy of a current benefit awards letter from a state or federal agency for a benefit that is needs based;

OR

2. Complete the attached financial statement stating that your income is not more than 125% of the Federal Poverty Standard.

PLEASE PROVIDE A COPY OF A BENEFITS LETTER OR COMPLETE AND RETURN THE ENCLOSED FINANCIAL STATEMENT TO ONE OF THE KING COUNTY SUPERIOR COURT CLERK'S OFFICE LOCATIONS LISTED BELOW.

Seattle:
516 Third Avenue Room E609
Attn: Cashier
Seattle, WA 98104-2386
(206) 296-9300

Maleng Regional Justice Center:
401 Fourth Avenue North Room 2C
Attn: Cashier
Kent, WA 98032-4429
(206) 296-9300

Signature of Requestor

Date

Financial Statement

1. My name is:	
2. My spouse/partner/room-mate's name is:	
3. Self	3. Spouse/partner/room-mate
Employer Name:	Employer Name:
Employer Address:	Employer Address:
[] Full Time [] Part Time	[] Full Time [] Part Time
Gross pay/month: \$	Gross pay/month: \$
Number of hours worked per week:	Number of hours worked per week:
If unemployed, date of last employment:	If unemployed, date of last employment:
4. My Other Income Per Month	4. Spouse/partner/room-mate Other Income
Public Assistance \$	Public Assistance \$
Unemployment Compensation \$	Unemployment Compensation \$
Industrial Insurance (L&I) \$	Industrial Insurance (L&I) \$
Child Support Received \$	Child Support Received \$
Gifts \$	Gifts \$
Social Security \$	Social Security \$
Investment Income \$	Investment Income \$
Legal Settlements \$	Legal Settlements \$
Other Monthly Receipts \$	Other Monthly Receipts \$
5. The Following People Live With Me	
List name, age and relationship of ALL persons living in your household	
6. My Asset and Equity Values are:	
Home: \$	Cash: \$
Checking Account: \$	Retirement: \$
Savings Account(s): \$	Other (list):\$
Auto(s) + make/yr: \$	
	Total \$

Reviewed by: _____

Date: _____